## **LOCAL COUNSEL AFFIDAVIT**

In accordance with Rule 1A:8(4) **Supervision of Local Counsel**, which requires Local Counsel to be an active member in good standing of the Virginia State Bar, whose office is located in Virginia, I provide the following information:

Local Counsel  Local Counsel Name			
Virginia State Bar Number			
Physical Office Address			
Employer			
Street			
Street 2			
City		State	ZIP
Phone Number		 Fax Nur	mber
Position			· ·
Email Address			
Mailing Address (if different tha	n above)		
Street 2			
City		State	ZIP
I,	, VSB No		, a member in good standing
of the Virginia State Bar, agree to serve a	as Local Counsel for		
		ijudge, I shall p	-
			e Bar, the Supreme Court of admitted military spouse attorney
	the Executive Director of the provisionally admitted atto		
		Signature	of Local Counsel
Commonwealth of Virginia County/City of I, a Notary Public of such County/City, ce		nally appeared	before me
who thereupon made oath that all statem	ents contained in the foreg	oing affidavit ar	e true and complete.
	day of		
		Notary Pu	blic
Registration Number (if applicable) NOTARY SEAL (must be affixed)		. totaly i u	<del></del>

Send original completed Affidavit to: Virginia State Bar, 1111 E. Main Street, Suite 700, Richmond, VA 23219
Send copy to: Virginia Board of Bar Examiners, 2201 W. Broad Street, Suite 101, Richmond, VA 23220